

AOC-745                      Doc. Code: AAF Rev. 3-03 Page 1 of 2  Commonwealth of Kentucky Court of Justice <a href="http://www.kycourts.net">www.kycourts.net</a> KRS 387.530(2); 387.720; 395.130	  <b>APPLICATION FOR APPOINTMENT OF FIDUCIARY FOR DISABLED PERSONS</b>	Case No. _____  Court <u>District</u>  County                    _____
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COMMONWEALTH OF KENTUCKY PETITIONER

VS. RESPONDENT

\* \* \* \* \*

- Comes now \_\_\_\_\_, Applicant herein,  
and requests to be appointed as \_\_\_\_\_ for Respondent.
- Applicant states his/her relationship to Respondent is \_\_\_\_\_.
- Applicant states his/her qualifications for appointment are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Applicant offers as surety on his/her bond the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state if none or unknown):

ESTATE	VALUE
Real Property	\$ _____
Personal Property	_____
Yearly Income	_____
Source of yearly Income	_____

6. Applicant states that all statements in the foregoing are true.

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_, 2\_\_\_\_.

**Applicant's Signature** \_\_\_\_\_

Subscribed and sworn to before me on _____, 2____. My commission expires _____, 2____.  <div style="text-align: right;">_____ Name/Title</div>
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Case No. \_\_\_\_\_

**WAIVER OF NOTICE AND REQUEST  
FOR APPOINTMENT OF FIDUCIARY**

The undersigned hereby waive notice of hearing and the right to appointment and request the Court to make the appointment herein applied for:

_____	_____
_____	_____
_____	_____
_____	_____

To be completed if Applicant is represented by counsel:

**Attorney's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

\_\_\_\_\_  
**Attorney Signature**